Fill in this information to identify your case:	
United States Bankruptcy Court for the:	
EASTERN DISTRICT OF NEW YORK	
Case number (if known)	Chapter you are filing under:
	■ Chapter 7
	☐ Chapter 11
	☐ Chapter 12
	☐ Chapter 13

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on your government-issued picture identification (for example, your driver's	Avi First name	-	First name
	license or passport).	Middle name		Middle name
	Bring your picture identification to your	Sasson		
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names and any assumed, trade names and doing business as names.			
	Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-2435		

Official Form 101

De	btor 1 Avi A. Sasson		Case number (if known)
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
4.	Your Employer Identification Number (EIN), if any.	About Desici 1.	About Debtor 2 (opouse only in a boint oase).
	(Enty, it diff.	EIN	EIN
5.	Where you live	741 Chestnut Street	If Debtor 2 lives at a different address:
		Cedarhurst, NY 11516 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Nassau	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.)

Debtor 1 Avi A. Sasson					Case number (if known)		
Par	Tell the Court About	our B	ankruptcy Case				
7.	The chapter of the Bankruptcy Code you are			otion of each, see <i>Notice Required by</i> op of page 1 and check the appropriate	11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy e box.		
	choosing to file under	■ Cl	hapter 7				
		☐ CI	hapter 11				
		□ CH	hapter 12				
		□ CI	hapter 13				
8.	How you will pay the fee		about how you may pay.	pay the entire fee when I file my petition. Please check with the clerk's office in your local court for me to how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's checker. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or projected address.			
			I need to pay the fee in	installments. If you choose this optic	on, sign and attach the Application for Individuals to Pay		
			The Filing Fee in Installr	ments (Official Form 103A).			
		_	but is not required to, wa applies to your family size	aive your fee, and may do so only if yo ze and you are unable to pay the fee ir	n only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line tha n installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition.		
9. Have you filed for							
	bankruptcy within the last 8 years?	■ No					
			District	When	Case number		
			District	When	Case number		
			District	When	Case number		
10.	Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	■ No					
			Debtor		Relationship to you		
			District	When	Case number, if known		
			Debtor		Relationship to you		
			District	When	Case number, if known		
11.	Do you rent your	□No	Go to line 12.				
	residence?	■ Ye	es. Has your landlord	l obtained an eviction judgment agains	t you?		
		. 0	■ No. Go to	line 12.			
			Yes. Fill o		Judgment Against You (Form 101A) and file it with this		

7/09/24 12:37PM Debtor 1 Case number (if known) Avi A. Sasson Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. Go to Part 4. of any full- or part-time business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to Chapter 11 of the proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or Bankruptcy Code, and you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, are you a small business cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. debtor or a debtor as § 1116(1)(B). defined by 11 U.S. C. § I am not filing under Chapter 11. No. 1182(1)? For a definition of small I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. business debtor, see 11 U.S.C. § 101(51D). I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and ☐ Yes. I do not choose to proceed under Subchapter V of Chapter 11. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I ☐ Yes. choose to proceed under Subchapter V of Chapter 11. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

Number, Street, City, State & Zip Code

Where is the property?

For example, do you own perishable goods, or livestock that must be fed.

or a building that needs urgent repairs?

Debtor 1 Avi A. Sasson

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Avi A. Sasson				Case number (if known)			
Par	t 6: Answer These Quest	ions for R	eporting Purposes				
	What kind of debts do you have?	16a.	Are your debts primarily constinuity individual primarily for a persona		ned in 11 U.S.C. § 101(8) as "incurred by an		
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
		16b.		ness debts? Business debts are debts then to refer through the operation of the business debts.			
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe	that are not consumer debts or busines	s debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. C	Go to line 18.			
	Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	■ Yes.		I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expensare paid that funds will be available to distribute to unsecured creditors?			
			☐ Yes				
18.	How many Creditors do you estimate that you owe?	■ 1-49 □ 50-99 □ 100-1 □ 200-9	199	☐ 1,000-5,000 ☐ 5001-10,000 ☐ 10,001-25,000	☐ 25,001-50,000 ☐ 50,001-100,000 ☐ More than100,000		
19.	How much do you estimate your assets to be worth?	□ \$100,	850,000 001 - \$100,000 ,001 - \$500,000 ,001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
20.	How much do you estimate your liabilities to be?	□ \$100,	\$50,000 001 - \$100,000 ,001 - \$500,000 ,001 - \$1 million	□ \$1,000,001 - \$10 million □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
Par	t 7: Sign Below						
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.					
				am aware that I may proceed, if eligible, f available under each chapter, and I ch	under Chapter 7, 11,12, or 13 of title 11, oose to proceed under Chapter 7.		
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).						
		I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Avi A. Sasson					
		Avi A. S		Signature of Debtor	72		
		Executed	d on July 9, 2024 MM / DD / YYYY	Executed onMM	/ DD / YYYY		

Debtor 1 Avi A. Sasson		7/0 Case number (if known)		
		-		
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petitic under Chapter 7, 11, 12, or 13 of title 11, United State for which the person is eligible. I also certify that I	ates Code, and have e	explained the relief available under each chapter	
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, cert schedules filed with the petition is incorrect.	vledge after an inquiry that the information in the		
	/s/ Robert H. Solomon, Esq. Signature of Attorney for Debtor	Date	July 9, 2024 MM / DD / YYYY	
	Robert H. Solomon, Esq.			
	Robert H. Solomon, P.C.			
	24 East Park Avenue Suite 200			
	Long Beach, NY 11561 Number, Street, City, State & ZIP Code			
	Contact phone 516-432-1622	Email address	rob@solomonlawyer.com	
	Bar number & State			

FIII	in this informa	ation to identify your	case:				
Deb	tor 1	Avi A. Sasson First Name	Middle Name	Last Name			
	tor 2 use if, filing)	First Name	Middle Name	Last Name			
Unit	ed States Bank	cruptcy Court for the:	EASTERN DISTRICT	OF NEW YORK			
Cas (if kno	e number					_	if this is an ded filing
Su	mmary of			nd Certain Statistic			2/15 g correct
				he information on this form. ck the box at the top of this p		ed schedul	es after you file
Part	1: Summar	rize Your Assets					
						Your as Value o	ssets f what you own
1.	Schedule A/E 1a. Copy line	3: Property (Official F 55, Total real estate, f	orm 106A/B) rom Schedule A/B			\$	0.00
	1b. Copy line	62, Total personal pro	perty, from Schedule A/B			\$	12,500.00
	1c. Copy line	63, Total of all propert	y on Schedule A/B			\$	12,500.00
Part	2: Summar	rize Your Liabilities					
							abilities you owe
2.			laims Secured by Propert mn A, Amount of claim, at	y (Official Form 106D) the bottom of the last page of	Part 1 of Schedule D	\$	0.00
3.			Unsecured Claims (Official 1 (priority unsecured claim	al Form 106E/F) ns) from line 6e of <i>Schedule E</i> /	/F	\$	0.00
	3b. Copy the	total claims from Part	2 (nonpriority unsecured	claims) from line 6j of Schedule	e E/F	\$	36,772.00
					Your total liabilities	\$	36,772.00
Part	2: Summar	rize Your Income and	I Evnansas				
4.		our Income (Official Formation of the communication		e I		\$	9,243.62
5.		our Expenses (Officianthly expenses from I	,			\$	9,228.00
Part	4: Answer	These Questions for	Administrative and Sta	tistical Records			
6.			er Chapters 7, 11, or 133 on this part of the form. C	? Check this box and submit this f	form to the court with yo	ur other sch	edules.
7.	■ Yes What kind of	debt do you have?					
				debts are those "incurred by ar 9g for statistical purposes. 28 L		a personal,	family, or
		bts are not primarily with your other sched		ave nothing to report on this par	rt of the form. Check this	s <i>box</i> and su	ubmit this form to

Debtor 1 Avi A. Sasson Case number (if known)

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

11,166.45

\$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

Official Form 106Sum

				7/09/24 12:37PM
Fill in this inforn	nation to identify your c	ase and this filing:		
Debtor 1	Avi A. Sasson			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
		EASTERN DISTRICT OF		
United States Bai	nkruptcy Court for the: _	EASTERN DISTRICT OF	NEW YORK	
Case number _				☐ Check if this is an
				amended filing
Official Fo	rm 106A/B			
Schedule	e A/B: Prope	erty		12/15
think it fits best. Be	e as complete and accurate e space is needed, attach a	e as possible. If two married	nce. If an asset fits in more than one category, list the d people are filing together, both are equally responsi n. On the top of any additional pages, write your name	ole for supplying correct
Part 1: Describe	Each Residence, Building,	Land, or Other Real Estate	You Own or Have an Interest In	
1. Do you own or h	ave any legal or equitable	interest in any residence, b	uilding, land, or similar property?	
■ No. Go to Part	. 2			
Yes. Where is				
Tes. Where is	stile property:			
Part 2: Describe	Your Vehicles			
			icles, whether they are registered or not? Include G: Executory Contracts and Unexpired Leases.	le any vehicles you own that
3. Cars, vans, tru	ucks, tractors, sport util	ity vehicles, motorcycle	s	
■ No				
☐ Yes				
			al vehicles, other vehicles, and accessories sels, snowmobiles, motorcycle accessories	
■ No				
☐ Yes				
			tries from Part 2, including any entries for=>	\$0.00
Part 2. Describe	Your Personal and Housel	hald Itama		
		ble interest in any of the	following items?	Current value of the
,	, 3 -	,,,	g	portion you own? Do not deduct secured claims or exemptions.
	ods and furnishings jor appliances, furniture,	linens, china, kitchenware		
Yes. Descr	ibe			
	Miscellane	ous household goods	s and furniture	\$1,250.00

12.	Jewelry
	Example

Debtor 1

□ No

■ No

■ No

10. Firearms

No

11 Clothes

□ No

Yes. Describe.....

13. Non-farm animals

Examples: Dogs, cats, birds, horses

■ No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$3,000.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own? Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

□ No

Official Form 106A/B Schedule A/B: Property page 2

Case 8-24-72673-ast Doc 1 Filed 07/09/24 Entered 07/09/24 12:39:36 7/09/24 12:37PM Debtor 1 Avi A. Sasson Case number (if known) ■ Yes..... \$500.00 Cash 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... \$2,000.00 Checking Chase Bank 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others □ No Institution name or individual: Yes. \$2,500.00 Rental deposit security deposit with landlord 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit

■ No
□ Yes. Give specific information about them...

26. Patents, copyrights, trademarks, trade secrets, and other intellectual property

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

■ No

Debtor 1	Avi A. Sasson		Case number (if known)	7/09/24 12:37
☐ Yes.	Give specific information about the	hem		
27. Licens Exam ■ No	ses, franchises, and other gener	ral intangibles censes, cooperative association holdin	ngs, liquor licenses, professional licens	ses
Money or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28. Tax re □ No	funds owed to you			
Yes.	Give specific information about the	nem, including whether you already file	d the returns and the tax years	
		Potential tax refunds for unfile 2021-2023	ed years Federal	\$4,500.0
■ No		ny, spousal support, child support, mai	ntenance, divorce settlement, property	y settlement
Exam _i ■ No	amounts someone owes you ples: Unpaid wages, disability insubenefits; unpaid loans you m	urance payments, disability benefits, si nade to someone else	ck pay, vacation pay, workers' compe	ensation, Social Security
	sts in insurance policies ples: Health, disability, or life insur	rance; health savings account (HSA);	credit, homeowner's, or renter's insura	nce
	Name the insurance company of Company i		Beneficiary:	Surrender or refund value:
If you	terest in property that is due yo are the beneficiary of a living trust one has died.	ou from someone who has died t, expect proceeds from a life insuranc	e policy, or are currently entitled to rec	eive property because
☐ Yes.	Give specific information			
Exam ■ No		or not you have filed a lawsuit or mautes, insurance claims, or rights to sue		
		ims of every nature, including cour	terclaims of the debtor and rights t	o set off claims
■ No	Describe each claim	, and , and ,		
35. Any fi i ■ No	nancial assets you did not alrea	dy list		
	Give specific information			
		tries from Part 4, including any entr		\$9,500.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

7/09/24 12:37PM Debtor 1 Avi A. Sasson Case number (if known) 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$3,000.00 58. Part 4: Total financial assets, line 36 \$9,500.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00

\$0.00

Copy personal property total

\$12,500.00

\$12,500.00

\$12,500.00

Part 7: Total other property not listed, line 54

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

Official Form 106A/B Schedule A/B: Property page 5

						7/09/24 12:37PN
Fill	in this inform	nation to identify your c	ase:			
Del	otor 1	Avi A. Sasson				
Dal	ntor O	First Name	Middle Name	L	Last Name	
	otor 2 ouse if, filing)	First Name	Middle Name	L	ast Name	
Uni	ted States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF N	EW Y	ORK	
Cas	se number					
(if kr	nown)					☐ Check if this is an amended filing
Of	ficial Fo	rm 106C				
			perty You Cla	aim	as Exempt	4/22
he p	property you li	sted on Schedule A/B: Pid attach to this page as m	roperty (Official Form 106A/B	as yo	our source, list the property that you	r supplying correct information. Using claim as exempt. If more space is additional pages, write your name and
spe any unc exe	cific dollar ar applicable st ds—may be u mption to a p	nount as exempt. Altern tatutory limit. Some exe inlimited in dollar amou	natively, you may claim the mptions—such as those fo nt. However, if you claim ar	full fa r heal n exen	th aids, rights to receive certain b nption of 100% of fair market valu	ing exempted up to the amount of enefits, and tax-exempt retirement
Par	t 1: Identif	y the Property You Clai	m as Exempt			
1.	Which set of	exemptions are you cla	aiming? Check one only, eve	en if yo	our spouse is filing with you.	
	☐ You are cla	aiming state and federal r	nonbankruptcy exemptions.	11 U.S	S.C. § 522(b)(3)	
	■ You are cla	aiming federal exemption	s. 11 U.S.C. § 522(b)(2)			
2.	For any prop	perty you list on Schedu	ule A/B that you claim as ex	empt.	fill in the information below.	
	Brief descripti	on of the property and line	-	Current value of the Amount of the exemption you claim		Specific laws that allow exemption
	0011044110742		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
	Miscellane	ous household goods	s and \$1,250.00		\$1,250.00	11 U.S.C. § 522(d)(3)
		hedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit	
	1 computer	r and 4 tv hedule A/B: 7.1	\$500.00		\$500.00	11 U.S.C. § 522(d)(3)
	Line nom 30/	ledule AVB. 1.1			100% of fair market value, up to any applicable statutory limit	
		ous wearing apparel	\$1,000.00		\$1,000.00	11 U.S.C. § 522(d)(3)
	Line nom 3ci	ledule A/B. 11.1			100% of fair market value, up to any applicable statutory limit	
		wedding band	\$250.00		\$250.00	11 U.S.C. § 522(d)(4)
	Line nom SCI	ieuule AVD. 12.1			100% of fair market value, up to any applicable statutory limit	
	Cash		\$500.00		\$500.00	11 U.S.C. § 522(d)(5)
	Line from Cal	hadula A/D: 16 1	•		·	

☐ 100% of fair market value, up to any applicable statutory limit

Debto	r1 Avi A. Sasson			Case number (if known)		
	rief description of the property and line on chedule A/B that lists this property	Current value of the Amount of the exemption you claim portion you own			Specific laws that allow exemption	
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.		
	hecking: Chase Bank	\$2,000.00		\$2,000.00	11 U.S.C. § 522(d)(5)	
L	ille IIOIII <i>Schedule AVD</i> . 17-1			100% of fair market value, up to any applicable statutory limit		
	ental deposit: security deposit with	\$2,500.00		\$2,500.00	11 U.S.C. § 522(d)(5)	
	ine from Schedule A/B: 22.1			100% of fair market value, up to any applicable statutory limit		
-	ederal: Potential tax refunds for nfiled years 2021-2023	\$4,500.00		\$4,500.00	11 U.S.C. § 522(d)(5)	
	ine from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit		
	re you claiming a homestead exemption of Subject to adjustment on 4/01/25 and every 3 No Yes. Did you acquire the property covered No Yes	3 years after that for ca	ases fi	•	,	

7/09/24 12:37PM

Fill in this inform	nation to identify your	case:			
Debtor 1	Avi A. Sasson				
	First Name	Middle Name	Last Name	_	
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bar	nkruptcy Court for the:	EASTERN DISTRICT C	F NEW YORK		
Case number					☐ Check if this is an
(amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

								7/09/24 12:37PM
Fill in th	is information to id	entify your	case:					
Debtor 1	Avi A. S	Sasson						
	First Name	<u> </u>	Middle Na	ame	Last Name		_	
Debtor 2							_	
(Spouse if, t	filing) First Name		Middle Na	ame	Last Name			
United S	tates Bankruptcy Co	urt for the:	EASTERN D	ISTRICT OF NE	W YORK		_	
Case nui	mher							
(if known)	ei			_				Check if this is an
							_	amended filing
~ ·		_						
	I Form 106E/I							_
Sched	lule E/F: Cred	ditors W	ho Have	Unsecured	d Claims			12/15
Schedule (Schedule I left. Attach name and	G: Executory Contrac D: Creditors Who Hav n the Continuation Pa case number (if know	ts and Unexp e Claims Sec ge to this pag n).	ired Leases (Of ured by Propert e. If you have n	ficial Form 106G). ty. If more space is to information to r	Do not include needed, copy	any creditors with part the Part you need, fill i	tially secured claim t out, number the e	cial Form 106A/B) and on s that are listed in ntries in the boxes on the itional pages, write your
Part 1:	List All of Your P							
_	ny creditors have prio	rity unsecure	d claims agains	st you?				
	o. Go to Part 2.							
☐ Ye	es.							
Part 2:	List All of Your N	ONPRIORIT	Y Unsecured	Claims				
☐ No ■ Ye 4. List a unsec	all of your nonpriority cured claim, list the creatione creditor holds a par	report in this pa unsecured cla ditor separately	art. Submit this f aims in the alph of or each claim.	orm to the court wit nabetical order of the For each claim liste	the creditor who	o holds each claim. If a	list claims already in	cluded in Part 1. If more
Fail 2	4.							Total claim
4.1	Cavalry Portfolio	Corvinos		Loct 4 digits of as	sount number	1138		\$11,594.00
	Nonpriority Creditor's Na			Last 4 digits of ac	count number	1130		\$11,594.00
	Attn: Bankruptcy			When was the del	bt incurred?	Opened 10/19		_
	American Lane,							
	Greenwich, CT 06 Number Street City Stat			As of the date you	ı file. the claim	is: Check all that apply		
	Who incurred the debt	*		7.0 00 , 0.	,	or oncor an that apply		
ı	Debtor 1 only			☐ Contingent				
_	Debtor 2 only			☐ Unliquidated				
	Debtor 1 and Debtor	2 only		☐ Disputed				
	At least one of the d	-	other	Type of NONPRIC	RITY unsecure	d claim:		
	☐ Check if this claim			☐ Student loans				
	debt			☐ Obligations aris	sing out of a sepa	aration agreement or dive	orce that you did not	
I:	s the claim subject to	offset?		report as priority cl	aims			
	No			•	•	ng plans, and other simila		
[☐Yes			Other. Specify	Collection	Attorney Citibank		
								_

Debto	Avi A. Sasson	Case number (if known)					
4.2	Cavalry Portfolio Services	Last 4 digits of account number	4735	\$1,528.00			
	Nonpriority Creditor's Name Attn: Bankruptcy 1 American Lane, Ste 220 Greenwich, CT 06831	When was the debt incurred?	Opened 10/19				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim i	is: Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	■ Other. Specify Collection	Attorney Citibank				
4.3	Cavalry Portfolio Services	Last 4 digits of account number	0828	\$316.00			
	Nonpriority Creditor's Name Attn: Bankruptcy	When was the debt incurred?	Opened 10/19				
	1 American Lane, Ste 220	When was the dept incurred:	Opened 10/19				
	Greenwich, CT 06831 Number Street City State Zip Code	As of the date you file, the claim i	is. Chack all that apply				
	Who incurred the debt? Check one.	As of the date you me, the claim	S. Check all that apply				
	■ Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	<u> </u>	_ '					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed Type of NONPRIORITY unsecured	d claim:				
	☐ At least one of the debtors and another	Student loans	a ciaiii.				
	☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	□Yes	■ Other. Specify Collection	Attorney Citibank				
4.4	Chase Card Services	Last 4 digits of account number	5009	\$3,730.00			
	Nonpriority Creditor's Name Attn: Bankruptcy P.O. 15298	When was the debt incurred?	Opened 11/16 Last Active 05/19				
	Wilmington, DE 19850						
	Number Street City State Zip Code	As of the date you file, the claim i	s: Check all that apply				
	Who incurred the debt? Check one.						
	Debtor 1 only	☐ Contingent					
	Debtor 2 only	☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only	☐ Disputed					
	\square At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community	☐ Student loans					
	debt		ration agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims					
	No	Debts to pension or profit-sharing					
	Yes	Other. Specify Credit Card	<u> </u>				

Debtor	1 Avi A. Sasson		Case number (if known)	
4.5	Comenity Bank/Jared Nonpriority Creditor's Name	Last 4 digits of account number	9279	Unknown
	Attn: Bankruptcy Po Box 182125 Columbus, OH 43218	When was the debt incurred?	Opened 02/14 Last Active 2/06/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.6	Discover Financial	Last 4 digits of account number	5017	\$7,216.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 3025	When was the debt incurred?	Opened 05/11 Last Active 6/19/24	
	New Albany, OH 43054 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Credit Card	<u> </u>	
4.7	Lvnv Funding/Resurgent Capital	Last 4 digits of account number	9279	\$397.00
	Nonpriority Creditor's Name Attn: Bankruptcy Po Box 10497	When was the debt incurred?	Opened 10/19	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	■ No	☐ Debts to pension or profit-sharin		
	Yes	■ Other. Specify Bank Jared	Company Account Comenity I The Galler	

Debto	1 Avi A. Sasson	Case number (if known)					
4.8	Midland Credit Mgmt Nonpriority Creditor's Name	Last 4 digits of account number	5867	\$1,209.00			
	Attn: Bankruptcy Po Box 939069 San Diego, CA 92193	When was the debt incurred?	Opened 07/19 Last Active 5/14/22				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated☐ Disputed					
	☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	report as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharin	•				
	Yes	Other. Specify Factoring C	Company Account Citibank N.A.				
4.9	NMAC Nonpriority Creditor's Name	Last 4 digits of account number	6757	\$1,752.00			
	Attn: Bankruptcy Po Box 660360 Dallas, TX 75266	When was the debt incurred?	Opened 05/17 Last Active 05/24				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecured	d claim:				
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not				
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts				
	Yes	Other. Specify Lease					
4.1	NMAC Nonpriority Creditor's Name	Last 4 digits of account number	1420	\$1,202.00			
	Attn: Bankruptcy Po Box 660360 Dallas, TX 75266	When was the debt incurred?	Opened 11/16 Last Active 05/24				
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply				
	■ Debtor 1 only □ Debtor 2 only	☐ Contingent ☐ Unliquidated					
	☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans ☐ Obligations arising out of a separeport as priority claims	d claim:				
	■ No	Debts to pension or profit-sharin	g plans, and other similar debts				
	Yes	Other. Specify Lease					

Debtor	1 Avi A. Sasson		Case number (if known)	
4.1	Portfolio Recovery Associates, LLC	Last 4 digits of account number	3126	\$5,700.00
	Nonpriority Creditor's Name Attn: Bankruptcy 120 Corporate Boulevard Norfolk, VA 23502	When was the debt incurred?	Opened 07/20	-
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed	ad alaim.	
	At least one of the debtors and another	Type of NONPRIORITY unsecur ☐ Student loans	ed claim:	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	_	paration agreement or divorce that you did not	
	No	Debts to pension or profit-shar	ing plans, and other similar debts	
	— NO	·	Company Account Synchrony	
	Yes	Other. Specify Bank	Company Account Cynomically	-
4.1	Portfolio Recovery Associates, LLC	Last 4 digits of account number	8327	\$2,128.00
	Nonpriority Creditor's Name Attn: Bankruptcy 120 Corporate Boulevard Norfolk, VA 23502	When was the debt incurred?	Opened 07/20	-
	Number Street City State Zip Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecur	ed claim:	
	☐ Check if this claim is for a community debt	☐ Student loans		
	Is the claim subject to offset?	report as priority claims	paration agreement or divorce that you did not	
	No	Debts to pension or profit-shar	ing plans, and other similar debts	
	_		Company Account Synchrony	
	☐ Yes	Other. Specify Bank		-
Part 3:	List Others to Be Notified About a Deb	t That You Already Listed		
5. Use th	is page only if you have others to be notified ab ng to collect from you for a debt you owe to son more than one creditor for any of the debts that	out your bankruptcy, for a debt that neone else, list the original creditor	in Parts 1 or 2, then list the collection agenc	y here. Similarly, if you
	ed for any debts in Parts 1 or 2, do not fill out or	. •	F - 1	
		on which entry in Part 1 or Part 2 did yo ine 4.1 of (<i>Check one</i>):	\square list the original creditor? \square Part 1: Creditors with Priority Unsecured Cla	ims
_	ox 11623		Part 2: Creditors with Nonpriority Unsecured	
Alban	y, NY 12211 L	ast 4 digits of account number	— Turt 2. Groundle married priority Grideourou	Ciamo
		on which entry in Part 1 or Part 2 did yo	_	
	f of Nassau County ld Country Road		Part 1: Creditors with Priority Unsecured Cla	
	la, NY 11501	ast 4 digits of account number	Part 2: Creditors with Nonpriority Unsecured	Claims
Part 4:	Add the Amounts for Each Type of Uns	secured Claim		
	the amounts of certain types of unsecured clain of unsecured claim.	ns. This information is for statistical	reporting purposes only. 28 U.S.C. §159. Ad	d the amounts for each
			Total Claim	
	6a. Domestic support obligations		6a. \$ 0.00	<u>-</u>

Debtor 1 Av	∕i A. Sa	sson	Case no	umber (if know	/n)
otal laims					
om Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
					Total Claim
	6f.	Student loans	6f.	\$	0.00
ims m Part 2	6g.	Obligations arising out of a separation agreement or divorce that	6g.	\$	0.00
	6h.	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	36,772.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	36,772.00

Fill in this inform	mation to identify your	case:		
Debtor 1	Avi A. Sasson			
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT C	OF NEW YORK	
Case number				
(if known)				☐ Check if this is an
				amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	n whom you have the cour, Street, City, State and ZIP Co	contract or lease	State what the contract or lease is for
2.1					
	Name				-
	Number	Street			_
	City		State	ZIP Code	
2.2					_
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.3	Oily		Ciaio	211 0000	
	Name				
	Number	Street			_
		Ciroti			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				_
	Number	Street			
	City		State	ZIP Code	_
	,				

				7/09/24 12:37P
Fill in this	s information to identify your	case:		
Debtor 1	Avi A. Sasson			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, fi	ling) First Name	Middle Name	Last Name	
(Opouse II, II	inig) That Name			
United Sta	ates Bankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK	
Case num (if known)	nber			☐ Check if this is an amended filing
	al Form 106H dule H: Your Cod	ebtors		12/15
eople are	e filing together, both are equ	ally responsible for supp boxes on the left. Attach	lying correct informat the Additional Page t	s complete and accurate as possible. If two married ion. If more space is needed, copy the Additional Page, o this page. On the top of any Additional Pages, write
1. Do	you have any codebtors? (If	you are filing a joint case, o	do not list either spouse	as a codebtor.
■ No)			
☐ Ye	s			
	thin the last 8 years, have you na, California, Idaho, Louisiana			y? (Community property states and territories include ington, and Wisconsin.)
■ No	o. Go to line 3.			
`	s. Did your spouse, former spo	use, or legal equivalent live	with you at the time?	
in lin	e 2 again as a codebtor only 1 106D), Schedule E/F (Officia	if that person is a guarant		if your spouse is filing with you. List the person shown
	Column 2.	l Form 106E/F), or Schedi		sure you have listed the creditor on Schedule D (Official
	Column 1: Your codebtor Name, Number, Street, City, State and Z	,		sure you have listed the creditor on Schedule D (Official
out C	Column 1: Your codebtor	,		sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fil Column 2: The creditor to whom you owe the debt Check all schedules that apply:
	Column 1: Your codebtor	,		sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fil Column 2: The creditor to whom you owe the debt
out C	Column 1: Your codebtor Name, Number, Street, City, State and Z	,		sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fil Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line
out C	Column 1: Your codebtor Name, Number, Street, City, State and Z	,		Sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fil Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line
3.1	Column 1: Your codebtor Name, Number, Street, City, State and Z Name Number Street	IP Code	ule G (Official Form 10	Sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fill Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line Schedule G, line
out C	Column 1: Your codebtor Name, Number, Street, City, State and Z Name Number Street	IP Code	ule G (Official Form 10	Sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fill Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line Schedule E/F, line
3.1	Column 1: Your codebtor Name, Number, Street, City, State and Z Name Number Street City	IP Code	ule G (Official Form 10	Sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fill Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line
3.1	Column 1: Your codebtor Name, Number, Street, City, State and Z Name Number Street City	IP Code	ule G (Official Form 10	Sure you have listed the creditor on Schedule D (Official 16G). Use Schedule D, Schedule E/F, or Schedule G to fill Column 2: The creditor to whom you owe the debt Check all schedules that apply: Schedule D, line

							•			
	in this information t									
Del	btor 1	Avi A. Sasso	on			_				
	btor 2 buse, if filing)					_				
Uni	ited States Bankrup	tcy Court for the	: EASTERN DISTRICT	OF NEW YORK						
_	se number nown)							nt shov	ving postpetition e following date:	
O.	fficial Form	1061							e following date.	
	chedule I:		ome				MM / DD/ Y	YYY		12/15
spo atta	use. If you are sep ch a separate shee	arated and you	are married and not filing wing spouse is not filing wing wing the top of any additions.	ith you, do not inclu	de infor	mati	on about your spo	use. If	more space is	needed,
1.	Fill in your emploinformation.	oyment		Debtor 1			Debtor 2	or nor	n-filing spouse	
	If you have more		Employment status	■ Employed			■ Emplo	yed		
	attach a separate information about		Employment status	☐ Not employed			☐ Not er	nployed	d	
	employers.		Occupation							
	Include part-time, self-employed wo		Employer's name	NYCANNA LLC			Tenth J	udicia	l District - Na	ssau
	Occupation may i or homemaker, if		Employer's address	366 Madison Av 14th Floor New York, NY 1			4 Empit	e State	Operations e Plaza Suite 2223-1450	2001
			How long employed the	here?						
Par	rt 2: Give De	tails About Mor	nthly Income							
	imate monthly incouse unless you are		ate you file this form. If y	you have nothing to r	eport for	any	line, write \$0 in the	space.	Include your no	n-filing
	ou or your non-filing e space, attach a se		ore than one employer, co this form.	ombine the informatio	n for all e	empl	oyers for that perso	n on the	e lines below. If	you need
							For Debtor 1		Debtor 2 or filing spouse	
2.			ry, and commissions (becalculate what the month)		2.	\$	7,296.80	\$	5,553.52	
3.	Estimate and list	monthly overt	ime pay.		3.	+\$	0.00	+\$ _	0.00	
4.	Calculate gross	Income. Add lir	ne 2 + line 3.		4.	\$	7,296.80	\$_	5,553.52	

Debt	or 1	Avi A. Sasson	-	Case n	number (if known)			
				For I	Debtor 1	For Debt	or 2 or g spouse	
	Copy	y line 4 here	4.	\$	7,296.80	\$	5,553.52	
5.	l ist :	all payroll deductions:			<u> </u>		-	-
0.	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	1 927 20	\$	813.70	
	5a. 5b.	Mandatory contributions for retirement plans	5b.	\$ 	1,837.29 0.00	\$	216.73	-
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	-
	5d.	Required repayments of retirement fund loans	5d.	\$	0.00	\$	0.00	_
	5e.	Insurance	5e.	\$	0.00	\$	700.55	-
	5f.	Domestic support obligations	5f.	\$	0.00	\$	0.00	-
	5g.	Union dues	5g.	\$	0.00	\$	35.83	-
	5h.	Other deductions. Specify: NY Disability	5h.+	· —		+ \$	0.00	-
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	1,839.89	\$	1,766.81	-
7.	Calc	ulate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	5,456.91	\$	3,786.71	-
8.	List a 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total						
		monthly net income.	8a.	\$	0.00	\$	0.00	_
	8b.	Interest and dividends	8b.	\$	0.00	\$	0.00	-
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	_
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	_
	8e.	Social Security	8e.	\$	0.00	\$	0.00	=
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.	\$	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$	0.00	\$	0.00	-
	8h.	Other monthly income. Specify:	8h.+	+ \$	0.00	+ \$	0.00	-
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	0.00	\$	0.00	D
10.		ulate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$	5	5,456.91 + \$_	3,786.7	= \$	9,243.62
11.	Inclu- other	e all other regular contributions to the expenses that you list in Schedule de contributions from an unmarried partner, members of your household, your refriends or relatives. ot include any amounts already included in lines 2-10 or amounts that are not cify:	deper		•	ed in <i>Sche</i> d	<i>lule J.</i> 1. +\$	0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certaines					2. \$	9,243.62
13.	Do y	ou expect an increase or decrease within the year after you file this form	?					y income
	_	Yes. Explain:						
		-						

Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1:	5 80 8	n this informa	tion to identify ve	our caca:			I			
An amended filing A supplement showing postpetition chapter (Spouse, if filing) A supplement showing postpetition chapter (Spouse, if showing postpetition chapter (Spouse, if showing date: Option of showing date: A supplement showing postpetition chapter (Spouse, if showing date: A supplement in showing postpetition chapter (Spouse, if showing date: A supplement in showing postpetition chapter (Spouse, if showing date: A supplement A supplement in showing postpetition chapter (Spouse, if showing date: A supplement A s							<u> </u>			
A supplement showing postpetition chapter (Spouse, if filing)	Debt	tor 1	Avi A. Sasso	on						
United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK Case number ((If known) Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Patt: Describe Your Household Is this a joint case? No. Go to line 2. Yes. Debtor 2 live in a separate household? No Wes. Debtor 2 live in a separate household? No Do not list Debtor 1 and Pess. Fill out this information for Debtor 2. Do not state the dependents names. Son Beyond Pyes No No Wespenses of people other than Yes No No Wespenses of people other than Yes Son No Wespenses of people other than Yes Stimate your expenses as of your bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy filling date unless you are using this form as a supplement in a Chapter 1	Debt	tor 2					_	Ū	ving postpetition chapte	er
Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1 Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Debtor 2 live in a separate household? No go to line 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son 8 Pyes No No Yes No No Yes No No Yes No No Yes Son On No Yes Son No Son No Yes No No Yes No No Yes No No Yes Son No Son No Yes No No Yes No No Yes Son No Son No Yes No No Yes No No Yes Son No Son No Yes No No Yes No No Yes Son No Yes No No Yes No No Yes Son No Yes No No Yes No No Yes No No Yes No No Yes Son No Yes No No Yes No No Yes No No Yes Son No Yes No No Yes No No Yes No No Yes Son No Yes No No Yes Son No Yes No Yes No Yes No Yes No No Yes N	(Spo	use, if filing)					_ 1	3 expenses as of	the following date:	
Official Form 106J Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known), Answer every question. Part 15 Describe Your Household Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. Do you have dependents? No Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son Be Yes No No Yes No No Yes No Yes No Yes No Yes No Yes Son A B Yes No Yes No Yes No Yes No Yes No Yes Stimate Your Ongoing Monthly Expenses Estimate Your ongoing Monthly Expenses	Unite	ed States Bankr	uptcy Court for the	EASTE	RN DISTRICT OF NEW	/ YORK		MM / DD / YYYY		
Schedule J: Your Expenses Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Your Household 1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No. Do not list Debtor 1 and Debtor 2. Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son Bendent's relationship to Debtor 1 or Debtor 2 live with you? No. No. Yes. Son Bendent's relationship to Debtor 1 no Debtor 1 no Debtor 1 or Debtor 2. Do you rexpenses include expenses as of people other than yourself and your dependents? No. Yes. No. Yes. Son Bendent's relationship to Debtor 1 no Debtor 1 no Debtor 1 or Debtor 2. Bendent's relationship to Debtor 1 no Debtor 2 live with you? No. Yes. No. Yes. No. Yes. Son Bendent's relationship to Debtor 1 no Debtor 2 live with you? No. Yes. No. Yes. No. Yes. Son Bendent's relationship to Debtor 1 no Debtor 2 live with you? No. Yes. This out this information for Debtor 2 live with you? No. Yes. This out this information for Debtor 2 live with you? No. Yes. This out this information for Debtor 2 live with you? No. Yes. No.										
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1:	Of	ficial Fo	rm 106J				•			
Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1:	Sc	hedule	J: Your	Exper	ises				1	2/15
1. Is this a joint case? No. Go to line 2. Yes. Does Debtor 2 live in a separate household? No No contains Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents? No Do not list Debtor 1 and contains Debtor 2. Do not state the dependents names. Son Bell out this information for each dependent Do not state the dependents names. Son Bell out this information for Debtor 2 cach dependent's relationship to Dependent's age live with you? No Yes No Yes No Yes No Yes 3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filled. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income	Be a info	as complete a rmation. If m nber (if know	and accurate as lore space is ne n). Answer ever	s possible eded, atta ry questio	If two married people ch another sheet to the					
Yes. Does Debtor 2 live in a separate household? No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.				siloiu						
No Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents?				in a senar	ata hausahald?					
Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2. 2. Do you have dependents?				iii a sepai	ate nousenou:					
Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son Bependent's relationship to Debtor 2 age Does dependent live with you? No Yes No Yes No Yes 3. Do your expenses include expenses of people other than yourself and your dependents? Estimate Your Ongoing Monthly Expenses Estimate your expenses as of a date after the bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income		= ::	-	st file Offici	al Form 106J-2, <i>Expen</i>	ses for Separate House	ehold of Debto	or 2.		
Do not list Debtor 1 and Debtor 2. Do not state the dependents names. Son Bependent's relationship to Debtor 2 age Does dependent live with you? No Yes No Yes No Yes 3. Do your expenses include expenses of people other than yourself and your dependents? Estimate Your Ongoing Monthly Expenses Estimate your expenses as of a date after the bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income	2.	Do you have	e dependents?	П №						
dependents names. son 8 Yes No No No No No No No No No N		Do not list Do	•	_						
dependents names. Son		Do not state	the						□ No	
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i>						son		8	■ Yes	
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i>									□ No	
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income										
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income										
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income									= :	
3. Do your expenses include expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income										
expenses of people other than yourself and your dependents? Part 2: Estimate Your Ongoing Monthly Expenses Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i>	3	Do your exp	nenses include	_					⊔ Yes	
Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental <i>Schedule J</i> , check the box at the top of the form and fill in the applicable date. Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on <i>Schedule I: Your Income</i>	0.	expenses of	f people other th	han $_{\square}$						
the value of such assistance and have included it on Schedule I: Your Income	Esti expe	mate your ex enses as of a	cpenses as of you	our bankr	uptcy filing date unles	s you are using this f pplemental <i>Schedule</i>	orm as a sup e <i>J</i> , check the	plement in a Cha box at the top of	pter 13 case to repor f the form and fill in t	t he
Value allegation										
(Official Form 106l.)				u nave mo	ilidea il on Schedule	i. Your income		Your expe	enses	
4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot. 4. \$ 3,400.00	4.				•	e. Include first mortgag	e 4. \$		3,400.00	
If not included in line 4:		If not includ	led in line 4:							
4a. Real estate taxes 4a. \$ 0.00		4a Real e	estate taxes				4a ¢		0.00	
4b. Property, homeowner's, or renter's insurance 4b. \$ 0.00				s. or renter	's insurance					
4c. Home maintenance, repair, and upkeep expenses 4c. \$ 0.00		•	•							
4d. Homeowner's association or condominium dues 4d. \$ 0.00										
5. Additional mortgage payments for your residence, such as home equity loans 5. \$ 0.00	5.	Additional n	nortgage payme	ents for yo	our residence, such as	home equity loans	5. \$		0.00	

Debtor 1	Avi A. Sasson	Case number (if known)	
6. Utilitie	s:		
6a.	Electricity, heat, natural gas	6a. \$	450.00
6b.	Water, sewer, garbage collection	6b. \$	0.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	280.00
6d.	Other. Specify: Cell Phone	6d. \$	180.00
. Food	and housekeeping supplies	7. \$	1,900.00
Childo	are and children's education costs	8. \$	720.00
Clothi	ng, laundry, and dry cleaning	9. \$	300.00
	nal care products and services	10. \$	100.00
	al and dental expenses	11. \$	50.00
	portation. Include gas, maintenance, bus or train fare.	·	
	include car payments.	12. \$	400.00
3. Entert	ainment, clubs, recreation, newspapers, magazines, and books	13. \$	200.00
. Charit	able contributions and religious donations	14. \$	0.00
5. Insura	nce.		
	include insurance deducted from your pay or included in lines 4 or 20.		
	Life insurance	15a. \$	0.00
15b.	Health insurance	15b. \$	0.00
15c.	Vehicle insurance	15c. \$	570.00
15d.	Other insurance. Specify:	15d. \$	0.00
6. Taxes	Do not include taxes deducted from your pay or included in lines 4 or 20.		
Specif		16. \$	0.00
	ment or lease payments:	•	
	Car payments for Vehicle 1	17a. \$	389.00
	Car payments for Vehicle 2	17b. \$	289.00
	Other. Specify:	17c. \$	0.00
	Other. Specify:	17d. \$	0.00
	payments of alimony, maintenance, and support that you did not report		0.00
	ted from your pay on line 5, Schedule I, Your Income (Official Form 106		
	payments you make to support others who do not live with you.	\$	0.00
Specif	y. real property expenses not included in lines 4 or 5 of this form or on <i>S</i>	19.	
	Mortgages on other property	20a. \$	0.00
	Real estate taxes	20b. \$	0.00
	Property, homeowner's, or renter's insurance	20c. \$	0.00
	Maintenance, repair, and upkeep expenses	20d. \$	
	Homeowner's association or condominium dues	20d. \$	0.00
		·	0.00
l. Other:	Specify:	21. +\$	0.00
2. Calcul	ate your monthly expenses		
22a. A	dd lines 4 through 21.	\$	9.228.00
22b. C	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J	-2 \$,
	dd line 22a and 22b. The result is your monthly expenses.	\$	9,228.00
	au mio 11a ana 11a. The result is your memin, expenses.		3,220.00
	ate your monthly net income.		
	Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	9,243.62
23b.	Copy your monthly expenses from line 22c above.	23b\$	9,228.00
23c.	Subtract your monthly expenses from your monthly income.		45.00
	The result is your monthly net income.	23c. \$	15.62
For exa modific	u expect an increase or decrease in your expenses within the year afte mple, do you expect to finish paying for your car loan within the year or do you expect ation to the terms of your mortgage?		se or decrease because of a
■ No.			
☐ Yes			

7/09/24 12:37PM

Fill in this inform	nation to identify your	case:			
Debtor 1	Avi A. Sasson				
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	nkruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK		
Case number					
(if known)					Check if this is an amended filing
Official Form	n 106Dec				
Declarat	ion About a	an Individual	Debtor's Sc	hedules	12/15
If two married pe	ople are filing togethe	r, both are equally respor	nsible for supplying corr	rect information.	
obtaining money		n connection with a bank		. Making a false statement, c n fines up to \$250,000, or im	
Sign	n Below				
Did you pay	y or agree to pay some	eone who is NOT an attori	ney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes. N	lame of person				Petition Preparer's Notice, gnature (Official Form 119)
	ity of perjury, I declare true and correct.	that I have read the sumr	mary and schedules filed	d with this declaration and	
X /s/ Avi	A. Sasson		X		
Avi A. S			Signature of	Debtor 2	
Date I	luly 9 2024		Date		

Official Form 106Dec

								1	
Fill	in this	s information to ide	entify your case:					ı	
Del	btor 1	Avi A. S	Sasson						
		First Name		Middle Name	La	st Name			
	btor 2 ouse if, fil	ing) First Name		Middle Name	La	st Name			
Uni	ited Sta	ates Bankruptcy Co	urt for the: EAS	TERN DISTRICT C	F NEW YO	RK			
Car	se num	phor							
l	nown)							□ C	heck if this is an
								ar	mended filing
Of	ficia	l Form 107							
		nent of Fina		rs for Indivi	iduals	Filina for E	Bankruptc	V	04/22
		plete and accurate					<u> </u>		
info	rmatio	on. If more space i	s needed, attach a						
nun	nber (if	f known). Answer	every question.						
Pai	rt 1:	Give Details Abou	ut Your Marital Sta	tus and Where Yo	ou Lived Be	fore			
1.	What	is your current ma	arital status?						
	_	Married Not married							
	_ '	Not married							
2.	Durin	ng the last 3 years,	have you lived an	ywhere other thai	n where yo	u live now?			
		No							
	_	Yes. List all of the p	laces you lived in th	ne last 3 years. Do	not include	where you live no	w.		
	Debt	tor 1:		Dates Debtor	1	Debtor 2 Prior A	ddress:		Dates Debtor 2
	505.			lived there	•	200101 21 1101 71			lived there
3. state		n the last 8 years, territories include A							? (Community property isconsin.)
		No							
	_	Yes. Make sure you	fill out Schedule H	: Your Codebtors (Official Forr	n 106H).			
				(,			
Pai	rt 2	Explain the Source	es of Your Incom	e					
4.	Fill in	ou have any incon the total amount of are filing a joint cas	income you receive	ed from all jobs and	d all busines	ses, including par	t-time activities.	revious calen	dar years?
		No							
	_	งง Yes. Fill in the detai	ls.						
	_						51/		
			Debtor		0	in a a m -	Debtor 2		Creas in a sure
				es of income all that apply.		income deductions and ons)	Sources of in Check all that		Gross income (before deductions and exclusions)

Del	otor 1	Avi	A. S	asso	n				C	Case number (if	known)			
5.	Includ and o	de inc other p	ome r oublic	egard benef	ess of whetle t payments;	ner that inc pensions;	ome is taxable. rental income; i	Examples on terest; divi	us calendar year of other income ar dends; money col sived together, list	re alimony; chile llected from lav	vsuits; roya	ılties; and	ecurity, unemployr d gambling and lot	nent, tery
	List ea	List each source and the gross income from each source separately. Do not include income that you listed in line 4.												
	_				Ū									
	_	No Yes. F	Fill in 1	he de	tails.									
						Dahtan 4								
						Debtor 1 Sources Describe	of income	each (befo	ss income from a source ore deductions and usions)	Describe	of income	•	Gross income (before deduction and exclusions)	
Pai	rt 3:	List	Certa	in Pa	ments You	Made Bef	fore You Filed f	or Bankru	ptcy					
6.		No.	Neith individual indiv	mer Ded dual p dual p g the No. Yes bject t or 1 o g the No. Yes	primarily for a serimarily for a serimar	Debtor 2 has a personal, ore you filed 7. each credit editor. Do payments ton 4/01/2 or both has one you filed 7. each credit yments for deach credit yments	family, or house d for bankruptcy or to whom you not include payr to an attorney fo 5 and every 3 your we primarily could d for bankruptcy	paid a tota members for do to this bank ears after the nsumer de to did you paid paid a tota rt obligation	ebts. Consumer dese." ay any creditor a to the state of \$7,575* or moor onestic support of cruptcy case, that for cases filed to the state of \$600 or more.	ore in one or mobiligations, such on or after the total of \$600 or and the total arsupport and alin	or more? ore payment as child sidate of adjumore? mount you nony. Also,	nts and the upport an		u do
	Cred	litor's	s Nam	e and	Address		Dates of pay	ment	Total amount paid		-	as this p	payment for	
7.	Insiders inclu of which you a business yo alimony.			your re an off perate	elatives; any icer, director	general par r, person in roprietor. 1	artners; relatives control, or own	of any ger er of 20% o		rtnerships of whating securities;	nich you are and any m	e a gener anaging	ral partner; corporage agent, including o	
	Insid	der's	Name	and A	Address		Dates of pay	ment	Total amount paid			eason fo	r this payment	
8.	inside Includ	er? de pay No	/ment	s on d	•	teed or cos	cy, did you ma		•			unt of a c	debt that benefite	ed an
					Address	.5.401	Dates of pay	ment	Total amount	Amount	you Re	eason fo	r this payment	
									paid		•		ditor's name	

Debt	or 1	Avi A. Sasson			Case nu	ımber (if kno	own)	
Part	4:	Identify Legal Actions, Repossession	ıs, an	d Foreclosures				
L	ist al	n 1 year before you filed for bankrupto I such matters, including personal injury cations, and contract disputes.						
] [_	No ⁄es. Fill in the details.						
		title number	Nat	ure of the case	Court or agency		Status of th	ne case
		n 1 year before you filed for bankrupto all that apply and fill in the details below		s any of your prop	erty repossessed, forec	closed, ga	rnished, attached	d, seized, or levied?
[_	No. Go to line 11. ⁄es. Fill in the information below.						
	Cred	itor Name and Address	Des	cribe the Property		D	ate	Value of the property
				lain what happene	d			
	Cav	alrySPV	inc	ome execution		5/	29/24	\$0.00
				Property was reposs	essed.			
				Property was foreclo				
			■ F	Property was garnisl	ned.			
				Property was attache	ed, seized or levied.			
]	■ N	unts or refuse to make a payment becans Ves. Fill in the details.						
	Cred	itor Name and Address	Des	cribe the action th	e creditor took		ate action was ken	Amount
		n 1 year before you filed for bankrupto -appointed receiver, a custodian, or a			erty in the possession o	of an assi	gnee for the bend	efit of creditors, a
ı	1	No						
[۱ ر	′es						
Part	5:	List Certain Gifts and Contributions						
3. \	Vithi	n 2 years before you filed for bankrup	tcy, d	id you give any gif	ts with a total value of m	nore than	\$600 per person	?
	_ •	No						
		es. Fill in the details for each gift.				_		
		with a total value of more than \$600 person		Describe the gifts	;		ates you gave e gifts	Value
		on to Whom You Gave the Gift and ress:						
4. \	I	n 2 years before you filed for bankrup No			ts or contributions with	a total va	ue of more than	\$600 to any charity?
[٦ \	es. Fill in the details for each gift or conf	tributio	on.				
	more Char	or contributions to charities that total than \$600 ity's Name	al	Describe what yo	u contributed		ates you ontributed	Value
	Addi	'ess (Number, Street, City, State and ZIP Code)						

Del	otor 1	Avi A. Sasson			Case number (if known)	
Par	t 6:	List Certain Losses					
		n 1 year before you filed for bankrup	tev or s	since you filed for bankruptcy, did y	rou lose anut	hing because of the	t fire other disaster
13.		mbling?	icy or .	since you med for bankruptcy, did y	ou lose allyt	illing because of the	t, me, other disaster
	_	No Yes. Fill in the details.					
		the loss occurred	nclude	the amount that insurance has paid. Loce claims on line 33 of Schedule A/B:	ist pending	Date of your loss	Value of property lost
Par	t 7:	List Certain Payments or Transfers	ilourum	co diamino di milo do di conoccino 7 V 2.	r roporty.		
	Withi	in 1 year before you filed for bankrupt ulted about seeking bankruptcy or pr de any attorneys, bankruptcy petition pre	eparin	g a bankruptcy petition?			rty to anyone you
	_	No Yes. Fill in the details.					
	Addı Ema	on Who Was Paid ress ill or website address on Who Made the Payment, if Not Yo	u	Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment
	Robert H. Solomon, P.C. 24 East Park Avenue Suite 200 Long Beach, NY 11561 rob@solomonlawyer.com			Attorney Fees			\$2,000.00
	Aba	cus Credit Counseling				6/28/24	\$75.00
17.	prom	n 1 year before you filed for bankrup ised to help you deal with your credi ot include any payment or transfer that y	tors or	to make payments to your creditors		r transfer any prope	rty to anyone who
		No Yes. Fill in the details.					
	Pers Addı	on Who Was Paid ress		Description and value of any propertransferred	erty	Date payment or transfer was made	Amount of payment
18.	Includinclud	in 2 years before you filed for bankrup ferred in the ordinary course of your de both outright transfers and transfers r de gifts and transfers that you have alrea No Yes. Fill in the details.	busine nade a	ess or financial affairs? s security (such as the granting of a se			
	Pers Addı	on Who Received Transfer ress		Description and value of property transferred		any property or received or debts change	Date transfer was made
	Pers	son's relationship to you			·		
19.	benef	in 10 years before you filed for bankru ficiary? (These are often called asset-p No Yes. Fill in the details.			elf-settled tru	ist or similar device	of which you are a
		ne of trust		Description and value of the prope	erty transferr	ed	Date Transfer was made

Debtor 1 Avi A. Sasson Case number (if known)

Par	t 8:	List of Certain Financial Accounts, In	struments, Safe Depos	it Boxes, and Sto	orage Units	S					
20.	Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.										
		No Yes. Fill in the details.									
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)		Last 4 digits of account number Type of account instrument		int or	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer				
21.	Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?										
		No Yes. Fill in the details.									
		me of Financial Institution dress (Number, Street, City, State and ZIP Code)	Who else had ac Address (Number, State and ZIP Code)		Describe t	the contents	Do you still have it?				
22.	Hav	re you stored property in a storage unit	or place other than you	r home within 1	year befor	e you filed for bankruptc	y?				
		■ No □ Yes. Fill in the details.									
		me of Storage Facility dress (Number, Street, City, State and ZIP Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe t	the contents	Do you still have it?				
Par	t 9:	Identify Property You Hold or Control	I for Someone Else								
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.										
		No Yes. Fill in the details.									
	_	/ner's Name dress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)			the property	Value				
Par	t 10:	Give Details About Environmental Inf	,								
For	the p	= ourpose of Part 10, the following definiti									
	toxi	vironmental law means any federal, state ic substances, wastes, or material into t ulations controlling the cleanup of these	the air, land, soil, surfac	e water, ground	• .	•					
		e means any location, facility, or propert own, operate, or utilize it, including disp	-	environmental la	aw, whethe	er you now own, operate,	or utilize it or used				
		<i>tardous material</i> means anything an env ardous material, pollutant, contaminant		as a hazardous	waste, haz	zardous substance, toxic	substance,				
Rep	ort a	III notices, releases, and proceedings th	nat you know about, reg	ardless of when	they occu	rred.					
24.	Has	any governmental unit notified you tha	at you may be liable or p	otentially liable	under or ir	n violation of an environn	nental law?				
	■ No										
	IJ₂	Yes. Fill in the details.	Governmental	nit	Enviro	nmental law if you	Date of notice				
	Name of site Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Code) Covernmental unit Address (Number, Street, City, State and ZIP Code) Date of notice know it										

		Case 6-24-72073-asi	DUC 1 Filed 07/09/24	Entered 07/09/24 12.39.30	1
Del	otor 1	Avi A. Sasson		Case number (if known)	7/09/24 12:37P
25.	Have	e you notified any governmental unit of a	ny release of hazardous material?		
		No Yes. Fill in the details.			
		me of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
26.	Hav	e you been a party in any judicial or admi	inistrative proceeding under any envi	ronmental law? Include settlements a	nd orders.
		No Yes. Fill in the details.			
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
Par	t 11:	Give Details About Your Business or C	onnections to Any Business		
	Bus Add (Nun	dress nber, Street, City, State and ZIP Code) nin 2 years before you filed for bankruptcy	a trade, profession, or other activity, any (LLC) or limited liability partnershing cutive of a corporation or equity securities of a corporation art 12. In the details below for each business Describe the nature of the business Name of accountant or bookkeeper	either full-time or part-time ip (LLP) Employer Identification number Do not include Social Security n	number or ITIN.
	insti	itutions, creditors, or other parties. No Yes. Fill in the details below.			
			Date Issued		
Par	t 12:	Sign Below			
are with	rue a a ba J.S.C.	ad the answers on this Statement of Final and correct. I understand that making a fainkruptcy case can result in fines up to \$2 . §§ 152, 1341, 1519, and 3571.	alse statement, concealing property, o	or obtaining money or property by fra	
A۷	i A. S	A. Sasson Sasson re of Debtor 1	Signature of Debtor 2		
Dat	e _J	July 9, 2024	Date		
■ N	lo 'es	attach additional pages to Your Statemen pay or agree to pay someone who is not a		•	7)?

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

			7/09/24 12:37PM
Debtor 1	Avi A. Sasson	Case number (if known)	

Debtor 1	Avi A. Sasson			
	First Name	Middle Name	Last Name	
Debtor 2				
Spouse if, filing)	First Name	Middle Name	Last Name	
Inited States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	F NEW YORK	
known)				☐ Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	_
Description of	Retain the property and enter into a	☐ Yes
property	Reaffirmation Agreement.	
securing debt:	☐ Retain the property and [explain]:	
Creditor's	☐ Surrender the property.	□ No
name:	☐ Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No
name:	Retain the property and redeem it.	
Description of	Retain the property and enter into a Reaffirmation Agreement.	☐ Yes
property	☐ Retain the property and [explain]:	
securing debt:		
Creditor's	☐ Surrender the property.	□ No

Official Form 108

7/09/24 12:37PM

Debtor 1 Avi A. Sasson	Case number (if known)	
name: Description of property securing debt:	 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes
n the information below. Do not list real e	Property Leases e that you listed in Schedule G: Executory Contracts and Unexpire estate leases. Unexpired leases are leases that are still in effect; the property lease if the trustee does not assume it. 11 U.S.C. § 365(p)	e lease period has not yet ended.
Describe your unexpired personal proper	rty leases	Will the lease be assumed?
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No □ Yes
Lessor's name: Description of leased Property:		□ No
Part 3: Sign Below		
property that is subject to an unexpired le	ave indicated my intention about any property of my estate that se ease.	cures a debt and any personal
X /s/ Avi A. Sasson Avi A. Sasson Signature of Debtor 1	X Signature of Debtor 2	
Date July 9, 2024	Date	

Fill ir	this inforr	nation to identify your case:		Ch	eck on	e box only as d	irected	in this form and i	n Form
Debt	or 1	Avi A. Sasson		12	2A-1Sı	ibb:			
Debt (Spous	or 2				□ 1. T	here is no pres	umption	n of abuse	
` '	. 0,	Sankruptcy Court for the: Eastern District of	New York		á	applies will be m	nade ur	mine if a presumpnder <i>Chapter 7 M</i>	
Case (if know	number wn)				□ 3. T		does n	ot apply now bec	
					(qualified military	servic	e but it could app	ly later.
~		4004			☐ Ch	eck if this is a	n ame	nded filing	
		orm 122A - 1							
Ch	apter	7 Statement of Your Cur	rent Mor	nthly Inc	om	е			12/19
attach case r	a separate number (if k ying militar	nd accurate as possible. If two married people a sheet to this form. Include the line number to w.nown). If you believe that you are exempted fror y service, complete and file Statement of Exempted Louiste Your Current Monthly Income	hich the additior n a presumption	nal information a of abuse becau	applies. Ise you	On the top of ar	ny addit narily co	ional pages, write onsumer debts or	your name and because of
		our marital and filing status? Check one on	ly.						
	☐ Not ma	arried. Fill out Column A, lines 2-11.							
	☐ Marrie	d and your spouse is filing with you. Fill ou	t both Columns	A and B, lines	2-11.				
	■ Marrie	d and your spouse is NOT filing with you.	You and your s	spouse are:					
	Livir	ng in the same household and are not lega	lly separated.	Fill out both Co	lumns	A and B, lines 2	2-11.		
	pen	ng separately or are legally separated. Fill of alty of perjury that you and your spouse are leg g apart for reasons that do not include evadin	egally separated	d under nonbar	kruptc	y law that applie	s or th		
10 the	1(10A). For e 6 months,	rage monthly income that you received from all as example, if you are filing on September 15, the 6-madd the income for all 6 months and divide the total the same rental property, put the income from that p	onth period would by 6. Fill in the re	be March 1 throsult. Do not include	ugh Aug de any i	just 31. If the amo	ount of your	our monthly income once. For example	varied during , if both
					Colum		Debt	mn B or 2 or filing spouse	
	Your gros	ss wages, salary, tips, bonuses, overtime, aductions).	and commission	ons (before all	\$	5,612.93	\$	5,553.52	
	Column B	and maintenance payments. Do not include is filled in.		•	\$	0.00	\$	0.00	
	of you or from an ur and roomr filled in. De	nts from any source which are regularly payour dependents, including child support. In married partner, members of your household mates. Include regular contributions from a sponot include payments you listed on line 3.	Include regular , your depende ouse only if Col	contributions nts, parents,	\$	0.00	\$	0.00	
5.	Net incon	ne from operating a business, profession,							
				otor 1					
		eipts (before all deductions)	\$ <u>0.00</u> -\$ 0.00						
	•	and necessary operating expenses		Copy here ->	¢	0.00	\$	0.00	
		ly income from a business, profession, or farr	n \$	copy nere ->	Φ	0.00	Φ	0.00	
6.	net incon	ne from rental and other real property	Doh	otor 1					
	Cross ra	pinto (hafaro all daduations)	\$ 0.00						
		eipts (before all deductions)	-\$ 0.00						
	-	and necessary operating expenses	·	Copy here ->	\$	0.00	\$	0.00	
	INCLINUILL	ny moone nomieniarol ollerteal diodelly		,	*		-		

Net monthly income from rental or other real property

7. Interest, dividends, and royalties

0.00

0.00

Case number (if known)

				Column A Debtor 1		Column I Debtor 2 non-filin	
8.	Unemployment compensation			\$	0.00	\$	0.00
	Do not enter the amount if you contend that the amount the Social Security Act. Instead, list it here:	nt received was a benef	fit under				
	For you\$		00				
	For your spouse \$		00				
9.	Pension or retirement income. Do not include any arbenefit under the Social Security Act. Also, except as so not include any compensation, pension, pay, annuity, or United States Government in connection with a disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chap	stated in the next sente or allowance paid by the ity, combat-related inju- ces. If you received any pay only to the extent to u would otherwise be e	nce, do e ry or retired that it	\$	0.00	\$	0.00
10	Income from all other sources not listed above. Sp						
	Do not include any benefits received under the Social Screeived as a victim of a war crime, a crime against hur domestic terrorism; or compensation pension, pay, and United States Government in connection with a disability disability, or death of a member of the uniformed service sources on a separate page and put the total below	manity, or international nuity, or allowance paid ity, combat-related inju ces. If necessary, list of	or d by the ry or	\$	0.00	\$	0.00
	Total amounts from accounts many if any			\$	0.00	\$	0.00
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column		\$	5,612.93	+ \$ _	5,553.52	Total current monthly income
Part	2: Determine Whether the Means Test Applies t	to You					
12	Calculate your current monthly income for the year						
12	Calculate your current monthly income for the year 12a. Copy your total current monthly income from line	r. Follow these steps:		Сор	y line 11	here=>	\$11,166.45
12.		r. Follow these steps:		Сор	y line 11	here=>	\$ <u>11,166.45</u> x 12
12	12a. Copy your total current monthly income from line	r. Follow these steps:		Сор	y line 11		
	12a. Copy your total current monthly income from line Multiply by 12 (the number of months in a year)	r. Follow these steps: 11 ne form		Сор	y line 11		x 12
	12a. Copy your total current monthly income from lineMultiply by 12 (the number of months in a year)12b. The result is your annual income for this part of the	r. Follow these steps: 11 ne form		Сор	y line 11		x 12
	12a. Copy your total current monthly income from line Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the Calculate the median family income that applies to	r. Follow these steps: 11 ne form you. Follow these step		Сор	y line 11		x 12
	12a. Copy your total current monthly income from line Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of th Calculate the median family income that applies to Fill in the state in which you live. Fill in the number of people in your household.	r. Follow these steps: 11 ne form you. Follow these step NY		Сор	y line 11	1	x 12 2b. \$ 133,997.40
	12a. Copy your total current monthly income from line Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the Calculate the median family income that applies to Fill in the state in which you live.	r. Follow these steps: 11 you. Follow these step NY 3 of household. online using the link specific steps.	OS:			. 1	x 12 2b. \$ 133,997.40
13.	12a. Copy your total current monthly income from line Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of th Calculate the median family income that applies to Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size To find a list of applicable median income amounts, go	r. Follow these steps: 11 you. Follow these step NY 3 of household. online using the link specific steps.	OS:			. 1	x 12 2b. \$ 133,997.40
13.	12a. Copy your total current monthly income from line Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the Calculate the median family income that applies to Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	r. Follow these steps: 11 you. Follow these step NY 3 of household. conline using the link skruptcy clerk's office. On the top of page 1, ch	os: pecified	in the separa	ate instruc	1 tions	x 12 2b. \$ 133,997.40 3. \$ 105,435.00
13.	12a. Copy your total current monthly income from line Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the Calculate the median family income that applies to Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank How do the lines compare? 14a. Line 12b is less than or equal to line 13. Compare in the state in the state in the state in the state in which you live.	r. Follow these steps: 11 you. Follow these step NY 3 of household. conline using the link spectruptcy clerk's office. On the top of page 1, child Form 122A-2.	pecified neck box	in the separa	ate instruc	1 tions	x 12 2b. \$ 133,997.40 3. \$ 105,435.00
13.	12a. Copy your total current monthly income from line Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the Calculate the median family income that applies to Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank How do the lines compare? 14a. Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official 14b. Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A-2.	r. Follow these steps: 11 you. Follow these step NY 3 of household. conline using the link spectruptcy clerk's office. On the top of page 1, child Form 122A-2.	pecified neck box	in the separa	ate instruc	1 tions	x 12 2b. \$ 133,997.40 3. \$ 105,435.00
13.	12a. Copy your total current monthly income from line Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the Calculate the median family income that applies to Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank How do the lines compare? 14a. Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official 14b. Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A-2.	r. Follow these steps: 11 ne form you. Follow these step NY 3 of household. conline using the link skruptcy clerk's office. On the top of page 1, chill Form 122A-2. of page 1, check box 2	pecified in eck box	in the separa	ate instruc no presun	tions 1 nption of ab	x 12 2b. \$ 133,997.40 3. \$ 105,435.00 buse.
13.	12a. Copy your total current monthly income from line Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the Calculate the median family income that applies to Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank How do the lines compare? 14a. Line 12b is less than or equal to line 13. Concompart of the compart of the compar	r. Follow these steps: 11 ne form you. Follow these step NY 3 of household. conline using the link skruptcy clerk's office. On the top of page 1, chill Form 122A-2. of page 1, check box 2	pecified in eck box	in the separa	ate instruc no presun	tions 1 nption of ab	x 12 2b. \$ 133,997.40 3. \$ 105,435.00 buse.
13.	12a. Copy your total current monthly income from line Multiply by 12 (the number of months in a year) 12b. The result is your annual income for this part of the Calculate the median family income that applies to Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank How do the lines compare? 14a. □ Line 12b is less than or equal to line 13. Or Go to Part 3. Do NOT fill out or file Official 14b. ■ Line 12b is more than line 13. On the top or Go to Part 3 and fill out Form 122A−2. 3: Sign Below	r. Follow these steps: 11 ne form you. Follow these step NY 3 of household. conline using the link skruptcy clerk's office. On the top of page 1, chill Form 122A-2. of page 1, check box 2	pecified in eck box	in the separa	ate instruc no presun	tions 1 nption of ab	x 12 2b. \$ 133,997.40 3. \$ 105,435.00 buse.

Avi A. Sasson

Debtor 1

		7/09/24 12:37PM
Debtor 1 Avi A. Sasson	Case number (if known)	
Date July 9, 2024 MM / DD / YYYY		
If you checked line 14a, do NOT fill out or file Form 122A-2.		
If you checked line 14b, fill out Form 122A-2 and file it with this form.		

Fill	in this infor	mation to identify your case:		C	Check the appropriate	box as direct	ed in
Deb	otor 1	Avi A. Sasson		li	nes 40 or 42:		
Deh	otor 2				According to the calcul Statement:	ations required	by this
	ouse, if filing)					
Unit	ted States Ba	ankruptcy Court for the: Eastern District of New	York		■ 1. There is no presu	imption of abus	se.
Cas	se number				☐ 2. There is a presur	nption of abuse).
	nown)						
~ (с .	1001 0			Check if this is an ar	nended filing	
		orm 122A - 2					
Ch	apter	7 Means Test Calculation					04/22
To fi	ill out this fo	orm, you will need your completed copy of Cha	pter 7 Statement	of Your Current M	onthly Income (Officia	I Form 122A-1).
spac	ce is needed tional page	and accurate as possible. If two married peopled, attach a separate sheet to this form, Include s, write your name and case number (if known) ermine Your Adjusted Income	the line number t				
1.	Copy your	total current monthly income.	Copy line 11 from	m Official Form 12	2A-1 here=> \$	11,1	66.45
2.	Did you fil	l out Column B in Part 1 of Form 122A-1?					
	□ No. Fi	II in \$0 for the total on line 3.					
	Yes. Is	your spouse Filing with you?					
	■ No.	Go to line 3.					
	☐ Yes.	Fill in \$0 for the total on line 3.					
3.	household	ur current monthly income by subtracting any pleases of you or your dependents. Follow to	hese steps:				
		Column B of Form 122A–1, was any amount of the of you or your dependents?	e income you rep	orted for your spous	se NOT regularly used fo	r the househol	d
	■ No. Fi	Il in 0 for the total on line 3.					
	☐ Yes. Fi	Il in the information below:					
	For	e each purpose for which the income was used example, the income is used to pay your spouse's cort other than you or your dependents.		Fill in the amou are subtracting your spouse's i	from		
	-			\$	_		
				\$	_		
				\$			
	-	Tatal			_ n		
		Total.		\$0.00	<u>-</u>		
					Copy total here=>	- \$	0.00
4.	Adjust you	ur current monthly income. Subtract line 3 from	line 1.			\$11,166	5.45

7/09/24 12:37PM Avi A. Sasson Debtor 1 Case number (if known) Part 2: Calculate Your Deductions from Your Income The Internal Revenue Service (IRS) issues National and Local Standards for certain expense amounts. Use these amounts to answer the questions in lines 6-15. To find the IRS standards, go online using the link specified in the separate instructions for this form. This information may also be available at the bankruptcy clerk's office. Deduct the expense amounts set out in lines 6-15 regardless of your actual expense. In later parts of the form, you will use some of your actual expenses if they are higher than the standards. Do not deduct any amounts that you subtracted from your spouse's income in line 3 and do not deduct any operating expenses that you subtracted from in income in lines 5 and 6 of form 122A-1. If your expenses differ from month to month, enter the average expense. Whenever this part of the from refers to you, it means both you and your spouse if Column B of Form 122A-1 is filled in. The number of people used in determining your deductions from income Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from 3 the number of people in your household. **National Standards** You must use the IRS National Standards to answer the guestions in lines 6-7. Food, clothing, and other items: Using the number of people you entered in line 5 and the IRS National 1,677.00 Standards, fill in the dollar amount for food, clothing, and other items. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health care costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22. People who are under 65 years of age 7a. Out-of-pocket health care allowance per person 83.00 7b. Number of people who are under 65 3 7c. Subtotal. Multiply line 7a by line 7b. 249.00 Copy here=> 249.00 People who are 65 years of age or older 7d. Out-of-pocket health care allowance per person 158.00 7e. Number of people who are 65 or older 0

7f. **Subtotal.** Multiply line 7d by line 7e.

7g. Total. Add lines 7c and 7f

0.00

Copy here=>

249.00

0.00

Copy total here=>

249.00

Debtor 1 Avi A. Sasson Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

8. **Housing and utilities - Insurance and operating expenses:** Using the number of people you entered in line 5, fill in the dollar amount listed for your county for insurance and operating expenses. **858.00**

9. Housing and utilities - Mortgage or rent expenses:

9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment
-NONE-	\$

Total average monthly payment	\$	0.00 Copy here=>	-\$	0.00	Repeat this amount on line 33a.
-------------------------------	----	------------------	-----	------	---------------------------------

9c. Net mortgage or rent expense.

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.

☐ 0. Go to line 14.

☐ 1. Go to line 12.

2 or more. Go to line 12.

12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area.

754.00

Debtor 1	Avi A. Sasson		Case nur	nber (<i>if k</i>	nown)		
	Vehicle ownership or lease expense: Using the IRS Local You may not claim the expense if you do not make any loan of more than two vehicles.						
Vel	Describe Vehicle 1:						
13a.	Ownership or leasing costs using IRS Local Standard		\$		619.00		
13b.	Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles.						
	To calculate the average monthly payment here and on line 1 are contractually due to each secured creditor in the 60 mont bankruptcy. Then divide by 60.		at				
	Name of each creditor for Vehicle 1	Average monthly payment					
	-NONE-	\$					
	Total Average Monthly Payment	\$0.00	Copy here =	:> -\$		0.00 Repeat this amount on line 33b.	
13c.	Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this amount is less than \$0,	ontor \$0				Copy net Vehicle 1	
	Subtract line 13b from line 13a. If this amount is less than \$0.	, ептег фо.	\$		619.00	expense here => \$	619.00
Vel	nicle 2 Describe Vehicle 2:						
13d.	Ownership or leasing costs using IRS Local Standard		\$		0.00		
13e.	Average monthly payment for all debts secured by Vehicle 2. leased vehicles.	Do not include costs fo	r				
	Name of each creditor for Vehicle 2	Average monthly payment					
	-NONE-	\$					
	Total Average Monthly Payment	\$	Copy here =>	\$	0.	Repeat this amount on line 33c.	
13f.	Net Vehicle 2 ownership or lease expense					Copy net Vehicle 2	
	Subtract line 13e from line 13d. if this amount is less than \$0,	, enter \$0	\$		0.00	expense here => \$	0.00
14.	Public transportation expense: If you claimed 0 vehicles in <i>Transportation</i> expense allowance regardless of whether you			andard	s, fill in the	e Public \$	0.00
	Additional public transportation expense: If you claimed 1 also deduct a public transportation expense, you may fill in w not claim more than the IRS Local Standard for <i>Public Trans</i>	hat you believe is the ap					0.00

Debtor 1 Avi A. Sasson Case number (if known)

Othe		In addition to the expense deductions listed above, you are allowed your monthly expenses the following IRS categories.	for	
16.	self-employment taxes, socia your pay for these taxes. Ho	nount that you will actually owe for federal, state and local taxes, such as income taxes, all security taxes, and Medicare taxes. You may include the monthly amount withheld from owever, if you expect to receive a tax refund, you must divide the expected refund by 12 mm the total monthly amount that is withheld to pay for taxes.	\$	2,227.00
	•		Ψ —	
17.	Involuntary deductions: The contributions, union dues, are	ne total monthly payroll deductions that your job requires, such as retirement nd uniform costs.		
	Do not include amounts that	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	252.56
18.	filing together, include paym	onthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life hts, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$_	0.00
19.		The total monthly amount that you pay as required by the order of a court or as spousal or child support payments.		
	Do not include payments on	past due obligations for spousal or child support. You will list these obligations in line 35.	\$_	0.00
20.	Education: The total month as a condition for your jol	ly amount that you pay for education that is either required: b, or		
	for your physically or mer	ntally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthly	y amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for	any elementary or secondary school education.	\$_	640.00
22.	that is required for the health	enses, excluding insurance costs: The monthly amount that you pay for health care and welfare of you or your dependents and that is not reimbursed by insurance or paid. Include only the amount that is more than the total entered in line 7.		
	Payments for health insuran	ce or health savings accounts should be listed only in line 25.	\$_	0.00
23.	for you and your dependents	lephone services: The total monthly amount that you pay for telecommunication services s, such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of d by your employer.		
		basic home telephone, internet and cell phone service. Do not include self-employment ported on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$_	0.00
24.	Add all of the expenses all Add lines 6 through 23.	lowed under the IRS expense allowances.	\$	10,718.56

7/09/24 12:37PM

Avi A. Sasson Debtor 1 Case number (if known) **Additional Expense Deductions** These are additional deductions allowed by the Means Test. Note: Do not include any expense allowances listed in lines 6-24. 25. Health insurance, disability insurance, and health savings account expenses. The monthly expenses for health insurance, disability insurance, and health savings accounts that are reasonably necessary for yourself, your spouse, or your dependents. Health insurance 700.55 Disability insurance 0.00 0.00 Health savings account 700.55 700.55 Total Copy total here=> Do you actually spend this total amount? No. How much do you actually spend? \$ 26. Continued contributions to the care of household or family members. The actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. These expenses may 0.00 include contributions to an account of a qualified ABLE program. 26 U.S.C. § 529A(b). 27. Protection against family violence. The reasonably necessary monthly expenses that you incur to maintain the safety of you and your family under the Family Violence Prevention and Services Act or other federal laws that apply. 0.00 By law, the court must keep the nature of these expenses confidential. 28. Additional home energy costs. Your home energy costs are included in your insurance and operating expenses on line 8. If you believe that you have home energy costs that are more than the home energy costs included in expenses on line 8, then fill in the excess amount of home energy costs. You must give your case trustee documentation of your actual expenses, and you must show that the additional 0.00 amount claimed is reasonable and necessary.

* Subject to adjustment on 4/01/25, and every 3 years after that for cases begun on or after the date of adjustment.

You must give your case trustee documentation of your actual expenses, and you must explain why the amount

29. **Education expenses for dependent children who are younger than 18.** The monthly expenses (not more than \$189.58* per child) that you pay for your dependent children who are younger than 18 years old to attend a private or

claimed is reasonable and necessary and not already accounted for in lines 6-23.

\$ 0.00

30. Additional food and clothing expense. The monthly amount by which your actual food and clothing expenses are higher than the combined food and clothing allowances in the IRS National Standards. That amount cannot be more than 5% of the food and clothing allowances in the IRS National Standards.
To find a chart showing the maximum additional allowance, go online using the link specified in the separate

instructions for this form. This chart may also be available at the bankruptcy clerk's office.

You must show that the additional amount claimed is reasonable and necessary.

\$ 0.00

31. Continuing charitable contributions. The amount that you will continue to contribute in the form of cash or financial instruments to a religious or charitable organization. 26 U.S.C. § 170(c)(1)-(2).

-\$ 0.00

32. Add all of the additional expense deductions.

public elementary or secondary school.

Add lines 25 through 31.

\$ 700.55

Debtor 1 Avi A. Sasson Case number (if known)

22 F	ctions for Debt Payment									
	or debts that are secured by an inter ans, and other secured debt, fill in li			ng home m	ortga	ges, vel	nicle			
	o calculate the total average monthly peditor in the 60 months after you file fo			actually due	to eac	h secur	ed			
	Mortgages on your home:								verage mo ayment	onthly
33a.	Copy line 9b here						=	> \$		0.00
	Loans on your first two vehicles:									
33b.	Copy line 13b here							> \$		0.00
33c.	Camerlina 40a hana							> \$		0.00
33d.	List other secured debts:									
Name	of each creditor for other secured debt	Identify prop	perty that secures the	debt			oayment e taxes o nce?			
							No			
	-NONE-						Yes	\$		
							No			
							Yes	\$		
							No			
							Yes	+\$		
•		<u> </u>						η		
								Сору		
33e.	Total average monthly payment. Add	ines 33a through	33d		\$		0.00	Copy total here=>	\$	0.00
34. A ı	re any debts that you listed in line 3: r other property necessary for your s l No. Go to line 35. l Yes. State any amount that you mu listed in line 33, to keep posse	B secured by you support or the su st pay to a creditorsion of your prop	r primary residence pport of your depen r, in addition to the pa erty (called the <i>cure</i> s	, a vehicle, dents?	.		0.00	total	\$	0.00
34. Ai	re any debts that you listed in line 3: r other property necessary for your s No. Go to line 35. Yes. State any amount that you mu	S secured by you support or the su st pay to a creditor ssion of your prope information below	r primary residence pport of your depen r, in addition to the pa erty (called the <i>cure</i> s	, a vehicle, idents? ayments amount).	1	Γotal cur		total	Monthly	/ cure
34. Ai	re any debts that you listed in line 33 rother property necessary for your standard of the property necessary for your standard of the property necessary for your standard of the property of	S secured by you support or the su st pay to a creditor ssion of your prope information below	r primary residence pport of your depen r, in addition to the pa erty (called the <i>cure</i> w.	, a vehicle, idents? ayments amount).	1			total		/ cure
34. Ar	re any debts that you listed in line 33 rother property necessary for your standard of the property necessary for your standard of the property necessary for your standard of the property of	S secured by you support or the su st pay to a creditor ssion of your prope information below	r primary residence pport of your depen r, in addition to the pa erty (called the <i>cure</i> w.	, a vehicle, idents? ayments amount).	1	Γotal cur	е	total	Monthly amount	/ cure
34. Ar	re any debts that you listed in line 3: r other property necessary for your s No. Go to line 35. Yes. State any amount that you mu listed in line 33, to keep posse Next, divide by 60 and fill in the	S secured by you support or the su st pay to a creditor ssion of your prope information below	r primary residence pport of your depen r, in addition to the pa erty (called the <i>cure</i> w.	, a vehicle, idents? ayments amount).	1	Γotal cur	е	total here=>	Monthly amount	/ cure
34. Ar	re any debts that you listed in line 3: r other property necessary for your s No. Go to line 35. Yes. State any amount that you mu listed in line 33, to keep posse Next, divide by 60 and fill in the	S secured by you support or the su st pay to a creditor ssion of your prope information below	r primary residence pport of your depen r, in addition to the pa erty (called the <i>cure</i> w.	, a vehicle, idents? ayments amount).	\$	Fotal cur amount	е	total here=>	Monthly	/ cure
34. Al or or Name -NO	re any debts that you listed in line 3: r other property necessary for your s No. Go to line 35. Yes. State any amount that you mu listed in line 33, to keep posse Next, divide by 60 and fill in the	S secured by you support or the su st pay to a creditor ssion of your prope information below Identify property	r primary residence pport of your dependence of your dependence of your dependence of the party (called the cure of the world). It is a secure of the debt of the cure of the the debt of the cure of the debt of the cure of the debt of the cure of	, a vehicle, dents? ayments amount). Total	\$	Fotal cur amount	e :	total here=> 60 = \$ Copy total	Monthly	/ cure
34. Al or or Name -NO	re any debts that you listed in line 3: r other property necessary for your set. No. Go to line 35. Yes. State any amount that you mulisted in line 33, to keep possenext, divide by 60 and fill in the of the creditor NE-	S secured by you support or the su st pay to a creditor ssion of your prope information below Identify property	r primary residence pport of your dependence of your dependence of your dependence of the party (called the cure of the world). It is a secure of the debt of the cure of the the debt of the cure of the debt of the cure of the debt of the cure of	, a vehicle, dents? ayments amount). Total	\$	Fotal cur amount	e :	total here=> 60 = \$ Copy total	Monthly	/ cure
34. Al or or Name -NO	re any debts that you listed in line 3: r other property necessary for your set. No. Go to line 35. Yes. State any amount that you mulisted in line 33, to keep posses Next, divide by 60 and fill in the of the creditor ONE- O you owe any priority claims such are past due as of the filling date of your line 36.	as a priority tax, our bankruptcy ca	r primary residence pport of your dependence of your dependence, in addition to the parenty (called the cure www. That secures the debta child support, or aliminate? 11 U.S.C. § 507 ms. Do not include cure.	Total	\$	Fotal cur amount	e :	total here=> 60 = \$ Copy total	Monthly	/ cure

Avi A. Sasson Debtor 1 Case number (if known) 36. Are you eligible to file a case under Chapter 13? 11 U.S.C. § 109(e). For more information, go online using the link for Bankruptcy Basics specified in the separate instructions for this form. Bankruptcy Basics may also be available at the bankruptcy clerk's office. No. Go to line 37 ☐ Yes. Fill in the following information. Projected monthly plan payment if you were filing under Chapter 13 Current multiplier for your district as stated on the list issued by the Administrative Office of the United States Courts (for districts in Alabama and North Carolina) or by the Executive Office for United States Trustees (for all other districts). To find a list of district multipliers that includes your district, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. Copy total here=> Average monthly administrative expense if you were filing under Chapter 13 0.00 37. Add all of the deductions for debt payment. Add lines 33e through 36. **Total Deductions from Income** 38. Add all of the allowed deductions. Copy line 24, All of the expenses allowed under IRS 10,718.56 expense allowances Copy line 32, All of the additional expense deductions 700.55 Copy line 37, All of the deductions for debt payment 0.00 11,419.11 11.419.11 Total deductions Copy total here....=> Part 3: **Determine Whether There is a Presumption of Abuse** 39. Calculate monthly disposable income for 60 months 39a. Copy line 4, adjusted current monthly income 11,166.45 39b. Copy line 38, Total deductions 11,419.11 39c. Monthly disposable income. 11 U.S.C. § 707(b)(2). Copy -252.66 -252.66 Subtract line 39b from line 39a here=>\$ For the next 60 months (5 years) x 60 Copy -15,159.60 -15,159.60 39d. Total. Multiply line 39c by 60 39d. here=> 40. Find out whether there is a presumption of abuse. Check the box that applies: ■ The line 39d is less than \$9,075*. On the top of page 1 of this form, check box 1, There is no presumption of abuse. Go to Part 5. ☐ The line 39d is more than \$15,150*. On the top of page 1 of this form, check box 2, There is a presumption of abuse. You may fill out Part 4 if you claim special circumstances. Go to Part 5. ☐ The line 39d is at least \$9,075*, but not more than \$15,150*. Go to line 41. *Subject to adjustment on 4/01/25, and every 3 years after that for cases filed on or after the date of adjustment.

7/09/24 12:37PM

ebtor 1	Avi	A. Sasson	Case number (if known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If you filled out A Summary of Your Assets and Liabilities and Certain Statistical Information Schedules (Official Form 106Sum), you may refer to line 3b on that form.	\$x .25]	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707(b)(2)(A)(i)(·	Copy here=>	\$
		Multiply line 41a by 0.25]	
259	% of y	ne whether the income you have left over after subtracting all allowed decour unsecured, nonpriority debt. e box that applies:	ductions is enough to pa	у	
		39d is less than line 41b. On the top of page 1 of this form, check box 1, <i>The</i> Part 5.	re is no presumption of ab	use.	
		39d is equal to or more than line 41b. On the top of page 1 of this form, che <i>umption of abuse.</i> You may fill out Part 4 if you claim special circumstances. The			
Part 4:	Giv	re Details About Special Circumstances			
43. Do yo reaso	ou hav onable	we any special circumstances that justify additional expenses or adjustment alternative? 11 U.S.C. \S 707(b)(2)(B).	ents of current monthly i	ncome fo	or which there is no
■ N	o. Go	o to Part 5.			
□ Y		I in the following information. All figures should reflect your average monthly exm. You may include expenses you listed in line 25.	pense or income adjustme	ent for ea	ach
	ne	ou must give a detailed explanation of the special circumstances that make the cessary and reasonable. You must also give your case trustee documentation justments.			
	G		Average monthly expens or income adjustment	е	
			\$		
	_		\$		
			\$		
			\$		
Part 5:	Sic	n Below			
		gning here, I declare under penalty of perjury that the information on this stater	ment and in any attachmer	its is true	and correct.
	X /s/	Avi A. Sasson			
•	A۱	ri A. Sasson gnature of Debtor 1			
Da	te Ju	ily 9, 2024			
	M	M/DD/YYYY			

7/09/24	12:37PM	

Debtor 1 Avi A. Sasson

Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 01/01/2024 to 06/30/2024.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: **Employer : NYCANNA LLC** Constant income of **\$5,612.93** per month.*

7/09/24 12:37PM

Debtor 1 Avi A. Sasson Case number (if known)

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 01/01/2024 to 06/30/2024.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Employer: Tenth Judicial District - Nas

Constant income of \$5,553.52 per month.*

Debtor 1 Avi A. Sasson Case number (if known)

*Paycheck Details:

NYCANNA LLC

Date	Earnings	Overtime	Taxes	Other	Net Check
2024-02-16	1,682.69	0.00	423.58	0.60	1,258.51
2024-02-23	1,682.69	0.00	423.57	0.60	1,258.52
2024-03-01	1,684.01	0.00	424.04	0.60	1,259.37
2024-03-08	1,684.01	0.00	424.03	0.60	1,259.38
2024-03-15	1,684.01	0.00	424.04	0.60	1,259.37
2024-03-22	1,684.01	0.00	424.04	0.60	1,259.37
2024-03-29	1,684.01	0.00	424.04	0.60	1,259.37
2024-04-05	1,684.01	0.00	424.04	0.60	1,259.37
2024-04-12	1,684.01	0.00	424.03	0.60	1,259.38
2024-04-19	1,684.01	0.00	424.03	0.60	1,259.38
2024-04-26	1,684.01	0.00	424.04	0.60	1,259.37
2024-05-03	1,684.01	0.00	424.04	0.60	1,259.37
2024-05-10	1,684.01	0.00	424.04	0.60	1,259.37
2024-05-17	1,684.01	0.00	424.04	0.60	1,259.37
2024-05-24	1,684.01	0.00	424.03	0.60	1,259.38
2024-05-31	1,684.01	0.00	424.03	0.60	1,259.38
2024-06-07	1,684.01	0.00	424.04	0.60	1,259.37
2024-06-14	1,684.01	0.00	424.04	0.60	1,259.37
2024-06-21	1,684.01	0.00	424.04	0.60	1,259.37
2024-06-28	1,684.01	0.00	424.03	0.60	1,259.38
Totals:	33,677.56	0.00	8,479.81	12.00	25,185.75

Tenth Judicial District - Nassau

Date	Earnings	Overtime	Taxes	Other	Net Check
Salary X3	2,488.72	0.00	358.37	425.44	1,704.91
2024-02-14	2,488.72	0.00	358.39	425.44	1,704.89
2024-02-28	2,488.72	0.00	358.38	425.44	1,704.90
2024-03-13	2,488.72	0.00	358.39	425.44	1,704.89
2024-03-27	2,488.72	0.00	358.38	425.44	1,704.90
2024-04-10	2,488.72	0.00	358.38	425.44	1,704.90
2024-04-24	2,682.27	0.00	403.03	459.03	1,820.21
2024-05-08	2,682.27	0.00	403.02	464.03	1,815.22
2024-05-22	2,682.27	0.00	403.04	464.03	1,815.20
2024-06-05	2,682.27	0.00	403.02	464.03	1,815.22
2024-06-18	2,682.27	0.00	403.03	464.03	1,815.21
Totals:	62,021.23	0.00	12,645.24	4,879.79	44,496.20

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of New York

	East	tern District of New Yor	k	
In	re Avi A. Sasson		Case No.	<u></u>
		Debtor(s)	Chapter	7
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR DI	EBTOR(S)
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of the debtor o	ng of the petition in bankruptcy	, or agreed to be paid	to me, for services rendered or to
	For legal services, I have agreed to accept		\$	2,000.00
	Prior to the filing of this statement I have received.			2,000.00
	Balance Due			0.00
2.	\$ of the filing fee has been paid.			
3.	The source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4.	The source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5.	■ I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are mem	bers and associates of my law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the national control of the same copy of the agreement.			
6.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspec	ts of the bankruptcy of	ase, including:
	 a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, stat c. Representation of the debtor at the meeting of credite d. [Other provisions as needed] Reference is made to that certain Engage aervices included and is incorporated here. 	ement of affairs and plan which ors and confirmation hearing, a gement of Counsel Agreem	n may be required; nd any adjourned hea	rings thereof;
7.	By agreement with the debtor(s), the above-disclosed fe Reference is made to that certain Engage aervices included and is incorporated he judicial lien avoidances, relief from stay	gement of Counsel Agreem erein.Representation of th	nent dated June 28 e debtors in any d	s, 2024 which specifies the ischargeability actions,
		CERTIFICATION		
this	I certify that the foregoing is a complete statement of an bankruptcy proceeding.	y agreement or arrangement for	r payment to me for r	epresentation of the debtor(s) in
	July 9, 2024 Date	/s/ Robert H. Solom		
		Signature of Attorno Robert H. Solom 24 East Park Ave Suite 200	on, P.C.	
		Long Beach, NY		
		516-432-1622 Fa rob@solomonlav		
		Name of law firm	-	

United States Bankruptcy Court Eastern District of New York

In re	Avi A. Sasson		Case No.	
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

USBC-44 Rev. 9/17/98

Cavalry Portfolio Services Attn: Bankruptcy 1 American Lane, Ste 220 Greenwich, CT 06831

Cavalry Portfolio Services Attn: Bankruptcy 1 American Lane, Ste 220 Greenwich, CT 06831

Cavalry Portfolio Services Attn: Bankruptcy 1 American Lane, Ste 220 Greenwich, CT 06831

Chase Card Services Attn: Bankruptcy P.O. 15298 Wilmington, DE 19850

Comenity Bank/Jared Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Discover Financial Attn: Bankruptcy Po Box 3025 New Albany, OH 43054

Girvin & Ferlazzo PC PO Box 11623 Albany, NY 12211

Lvnv Funding/Resurgent Capital Attn: Bankruptcy Po Box 10497 Greenville, SC 29603

Midland Credit Mgmt Attn: Bankruptcy Po Box 939069 San Diego, CA 92193 NMAC Attn: Bankruptcy

Po Box 660360 Dallas, TX 75266

NMAC

Attn: Bankruptcy Po Box 660360 Dallas, TX 75266

Portfolio Recovery Associates, LLC Attn: Bankruptcy 120 Corporate Boulevard Norfolk, VA 23502

Portfolio Recovery Associates, LLC Attn: Bankruptcy 120 Corporate Boulevard Norfolk, VA 23502

Sheriff of Nassau County 240 Old Country Road Mineola, NY 11501

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

DEBTOR(S): Avi A. Sasson

CASE NO.:.

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (or any other petitioner) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:
[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]
NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.
☐ THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:
1. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:
CURRENT STATUS OF RELATED CASE:(Discharged/awaiting discharge, confirmed, dismissed, etc.)
(Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:
2. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:
CURRENT STATUS OF RELATED CASE: (Discharged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE:
3. CASE NO.: JUDGE: DISTRICT/DIVISION:
CASE STILL PENDING (Y/N): [If closed] Date of closing:

	1703/24 12.371 W
DISCLOSURE OF RELATED CASES (cont'd)	
CURRENT STATUS OF RELATED CASE:	and/amaiding discharge and dismissed (4a)
(Dischar _g	ged/awaiting discharge, confirmed, dismissed, etc.)
MANNER IN WHICH CASES ARE RELATED (Refer to NOTE	(above):
REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("I SCHEDULE "A" OF RELATED CASE:	REAL PROPERTY") WHICH WAS ALSO LISTED IN
NOTE: Pursuant to 11 U.S.C. § 109(g), certain individuals who have eligible to be debtors. Such an individual will be required to fi	eve had prior cases dismissed within the preceding 180 days may not le a statement in support of his/her eligibility to file.
TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNE	EY, AS APPLICABLE:
I am admitted to practice in the Eastern District of New York (Y/N	N): <u>Y</u>
CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/	
as indicated elsewhere on this form.	s not related to any case now pending or pending at any time, except
/s/ Robert H. Solomon, Esq.	
Robert H. Solomon, Esq. Signature of Debtor's Attorney Robert H. Solomon, P.C. 24 East Park Avenue	Signature of Pro Se Debtor/Petitioner
Suite 200 Long Beach, NY 11561 516-432-1622 Fax:516-432-1713	Signature of Pro Se Joint Debtor/Petitioner
	Mailing Address of Debtor/Petitioner
	City, State, Zip Code
	Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

<u>NOTE</u>: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.

USBC-17 Rev.8/11/2009